

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 3 — 0 1 3</u>	2. STATE: Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/31/03	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

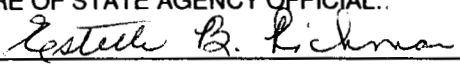
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1902(r)(2)	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8b to Attachment 2.6A Page 1f	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:


Liberal Method of Treating Resources

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Secretary of Public Welfare
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare P.O. Box 2675 Harrisburg, PA 17105
13. TYPED NAME: Estelle B. Richman	
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: 12/30/03	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: MAR 30 2004

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/31/03	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: MARY T. MCSORLEY	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

() Section 1902(f) State

(X) Non-Section 1902(f) State

For individuals in institutions who would be eligible for AFDC, SSI or State supplements except for their institutional status and who are eligible under a special income level of 300% of the Federal benefit rate payable under Title XVI of the Social Security Act provided under 42 CFR Part 435, Subpart C.

Disregard \$6,000 of all countable resources.

For individuals covered by less restrictive resource methodologies listed in Social Security Act Sections 1902(a)(10)(A)(ii)(I), (a)(10)(A)(ii)(IV), (a)(10)(A)(ii)(V), (a)(10)(A)(ii)(X), (a)(10)(A)(ii)(XV), (a)(10)(A)(ii)(XVI), (a)(10)(C), (a)(10)(E)(i), (a)(10)(E)(iii), and (a)(10)(E)(iv)(I).

Disregard the value of all burial plots owned by an individual.

TN No. 03-013

Supersedes

TN No. _____

Approval Date MAR 30 2004 Effective Date October 31, 2003

CMS ID :